

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">10/581694</div>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13		2					63						
14	1						64						
15		1					65						
16	1						66						
17	1						67						
18		1					68						
19		1					69						
20	1						70						
21		1					71						
22	1						72						
23	1						73						
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27							77						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	15	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	22	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	37						TOTAL CLAIMS						